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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 8738

SERIAL NUMBER 09/538,677	FILING DATE 03/30/2000  RULE	CLASS 705	GROUP ART UNIT 3623	ATTORNEY DOCKET NO. 4925-39
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### APPLICANTS

Stephan Meyers, Tampere, FINLAND;

\*\* CONTINUING DATA \*\*\*\*\*

none bud

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

none bud

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/02/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FINLAND	SHEETS DRAWING 2	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <u>ewa</u> Initials <u>6/28/02</u>			

### ADDRESS

Michael C Stuart  
Cohen Pontani Lieberman & Pavane  
551 Fifth Avenue  
Suite 1210  
New York, NY  
10176

### TITLE

Portable device attached to a media player for rating audio/video contents

FILING FEE  RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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#5

<b>SERIAL NUMBER</b> 09/538,677	<b>FILING DATE</b> 03/30/2000 <b>RULE</b> -	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2768 2761	<b>ATTORNEY DOCKET NO.</b> 4925-39
<b>APPLICANTS</b> Stephen Meyers, Tampere, FINLAND;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/02/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> FINLAND	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 7
Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 1	
<b>ADDRESS</b> Michael C Stuart Cohen Pontani Lieberman & Pavane 551 Fifth Avenue Suite 1210 New York, NY 10176				
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